



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/27/2006

Business ID: 271203

William M. Gardner

Secretary of State

GLOBAL VISION, INC.

72 MIRONA RD STE 13

PORTSMOUTH, NH 03801

ADDRESS OF PRINCIPAL OFFICE:

72 MIRONA RD STE 13

PORTSMOUTH, NH 03801

REGISTERED AGENT AND OFFICE:

DONNA DEMARCO

30 TAYLOR RIVER EST.

HAMPTON, NH 03842

ENTITY TYPE: CORPORATION

BUSINESS ID: 271203

STATE OF DOMICILE: NEW HAMPSHIRE

MEDICAL BILLING SERVICE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address 4 CONTINENTAL DRIVE, EXETER, NH 03833

☒ The new principal office address 4 CONTINENTAL DRIVE, , EXETER, NH 03833

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Joseph F Paolini
STREET 4 CONTINENTAL DRIVE
CITY/STATE/ZIP EXETER NH 03833

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Donna Demarco
STREET 4 CONTINENTAL DRIVE
CITY/STATE/ZIP EXETER NH 03833

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: DONNA DEMARCO

Please print name and title of signer: DONNA DEMARCO / DIRECTOR

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529